

Aim: To evaluate our experience using bio-prostheses in extended thoracic surgery in contaminated/infected environments

Methods: A review was performed of the 81 patients who underwent extended surgical procedures requiring thoracic soft tissue reconstruction with bioprosthetic materials from August 2009 to October 2012. Operations involved Lung Sparing Pleurectomy for Mesothelioma (n=54), extended operations for thoracic malignancies (n=16), surgery for trauma, perforated organs or complications (n=9), and for other benign causes (n=2)

Results: A total of 137 patches were used (median of 2, range 1 to 3). Median hospital stay was 11 (range 4–149) days. There were 3 post-operative deaths (3.7%) and 6 patients (7.4%) required reoperation (one haemothorax, one tension pneumothorax, two for patch dehiscence and two for empyema that did not require removal of the patch).

Outcomes were compared between the 63 patients undergoing elective surgery without pleural space contamination and the 18 cases in which surgery was performed non-electively in the presence of empyema/contaminated space. There were no differences in mortality, hospital stay or complications

Conclusion: Bioprosthetic patches for soft tissue reconstruction in thoracic surgery are safe and effective even in contaminated/infected environments. The fear to use patches in infected environments is no longer justified.

0142: THE QUALITY OF ONLINE INFORMATION ABOUT LOBECTOMY

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Aim: To assess the quality of online information for lay people regarding lobectomy and identify the best and worst resources people can consult prior to consenting and undergoing the procedure.

Methods: The top 3 search engines (Google, Bing and Yahoo) were searched for "lobectomy". The top 50 results were selected, duplicate websites, pay-per-view sites, scientific papers, and multimedia (video/powerpoint/audio) sites were removed prior to analysis. Remaining websites were assessed using Gunning-Fog Index (GFI), Flesch Reading Ease Score (FRES) and LIDA tool to assess accessibility, usability and reliability.

Results: Of the 150 websites, 103 were excluded, 83 due to repetition, 18 due to irrelevance, 2 due to multimedia. The mean GFI was 14.52 (± 3.13); the mean FRES was 46.22 (± 16.18) (%); and the mean LIDA tool score was 22.94 (± 3.49) (71.69%). The results show that the websites were, on average, more difficult to read than the two newspapers The Sun (GFI = 8.8, FRES = 70.8) and The Financial Times (GFI = 12.51, FRES = 54.29).

Conclusion: Results were accessible, useable and reliable, as shown by the LIDA tool. The information required a high level of education and reading competence, as shown by the GFIs and the FRES.

0247: CURRENT PRACTICE OF BLOOD TRANSFUSION IN ADULT CARDIAC SURGERY

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Blood product transfusion (BPT) is widely used in cardiac surgery. Despite extensive research controversy still exists regarding the benefits of BPT. Furthermore, no definitive national guidelines or protocols for BPT in cardiac surgery are available in the UK. According to a recent U.K. based study, cardiac surgery patients consume up to 15% of the total pool of red blood cells (RBC) and a substantial proportion of other blood products in the UK. We collected data relating to BPT for all patients undergoing cardiac surgery between May and July 2011 from the Royal Infirmary of Edinburgh (RIE) cardiac surgery database and the blood transfusion service.

Between May and July 2011, 221 patients had undergone cardiac surgery. Data analysis showed that 11.2% of the RBC pool at the RIE is consumed in cardiac surgery during the perioperative period. Our fresh frozen plasma (FFP), platelet and cryoprecipitate consumption rates were 8%, 29% and 6% respectively of the total RIE pool.

Cardiac surgeons should be aware of risks of BPT and avoid its liberal use. We recommend regular BPT audits on every cardiac surgery unit on a national scale. The need for a unified national guideline for cardiac surgery blood product transfusion is highlighted.

0305: ENDOVASCULAR STENT-GRAFTING FOR THORACIC AORTIC ANEURYSM: EXPERIENCES OF ONE CENTRE WITH REGARDS TO OUTCOMES AND CONSENTING

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Aim: Thoracic endovascular stent-grafting (TEVAR) is a minimally invasive technique for management of thoracic aortic disease. NICE have published guidelines (IPG 127) that concluded that TEVAR is a safe option for treatment of patients. This study aims to compare institutional outcomes to those published by NICE with the aim to create guidelines on consenting for these procedures.

Methods: Retrospective analysis of a prospectively maintained database of patients undergoing TEVAR for aneurysmal disease of the thoracic aorta between 05/02 and 05/11.

Results: Twenty-one elective (15 male (71%)) procedures, eleven TEVAR, five open procedure plus TEVAR and five TEVAR +/- open procedures. Median age 66 (range 47 to 81) years. Six (29%) endoleaks, one type A dissection. Aneurysm size increased in five patients, decreased in three. No conversions to open surgery. One stroke with residual neurological defect. One to twenty-four nights spent on ITU and ventilated for a median of eight hours. No in-hospital deaths. One-year mortality 10%. No patients consented in accordance with NICE guidelines.

Conclusion: Our center offers favorable outcomes with regards to stroke and mortality. However attention needs to be paid to consenting patients. With the outcomes of this project we can look to publish guidelines on TEVAR consenting.

0362: AUDIT OF HEART FAILURE MANAGEMENT IN CARDIAC SURGICAL PATIENTS

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Aim: To assess the performance of heart failure management in a cardiac surgical unit compared to NICE Guideline.

Method: A retrospective audit was performed using medical notes of 24 patients with poor left ventricular systolic dysfunction (LVSD) who had open heart surgery in a UK cardiac surgical unit from June 2010 to April 2012. Standards examined were all patients should be on beta-blockers and angiotensin-converting-enzyme inhibitor (ACE-I) upon discharge, all patients should be referred to heart failure team (HFT) and all patients' diagnosis and management plan should be documented on discharge letter. Changes implemented after the initial audit were presentation for staff education and collaboration with HFT to enhance the referral rate. Subsequent second audit was performed prospectively on 20 patients with moderate to severe LVSD.

Results: The initial audit showed 33% of patients were on beta-blockers, 33% of patients were on ACE-I, 4% of patients were referred to the HFT and 41% of discharge letters had clear documentation. The second audit showed improvements with 85%, 75%, 50% and 45% respectively.

Conclusions: The continuity of optimal medical therapy after open heart surgery is important to improve patient outcome. A departmental guideline and multidisciplinary approach are helpful to facilitate this.

0372: THE QUALITY OF ONLINE INFORMATION ABOUT TRICUSPID VALVE REPLACEMENT

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Aim: To assess the quality of information available online for lay people regarding tricuspid valve replacement and identify the best and worst resources that people can use to educate themselves on lobectomies prior to consenting and undergoing the procedure.

Method: The top 3 search engines (Google, Bing and Yahoo) were searched for the term "tricuspid valve replacement". The top 50 results of each search were selected and refined, under predefined criteria, prior to analysis. Remaining websites were assessed using the Gunning-Fog Index (GFI), the Flesch Reading Ease Score (FRES), and LIDA tool for assessing accessibility, usability and reliability.

Results: Of the 150 websites, 129 were excluded. The mean GFI was 16.07(± 3.51); the mean FRES was 35.32(± 15.37); and the mean LIDA tool scores were accessibility 79.37%(± 10.72), usability 65.08%(± 23.95), and